

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00473918 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Strategy Group, Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2016</div> </div>		
Mailing Address 703 N Franklin Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6337.40</div>		
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A5YAK3 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Mailhouse		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Throne-Holst, Anna, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee The Strategy Group, Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2016</div> </div>		
Mailing Address 703 N Franklin Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19012.20</div>		
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A5YB89 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Mailhouse		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Zeldin, Lee, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25349.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25349.60</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Fines, Caroline, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2016

Signature